

E-rate for Public Libraries: Form 470 (Description of Services Requested)

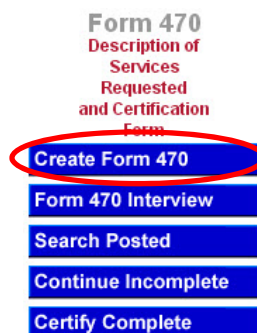


The Form 470 is the first form completed and starts the application process for a funding year. We recommend completing the form anywhere from early November of the preceding year through January of the funding year (so, for Funding Year 2014, it is recommended to complete the Form 470 anywhere from November 2013 through January of 2014). Please complete this form as early as possible, because there is a mandatory 28-day waiting period between the completion of this form and the next, the Form 471.

These instructions offer advice to public libraries applying for “plain old telephone service” – sometimes called POTS – for their libraries. This means both local and long distance telephone service, and can include FAX lines, digital telephone or VOIP, but does not include fees for dedicated security lines such as those used by an alarm system. Other services may be eligible for E-rate reimbursement, such as internet service or data plans for cellphones, but these instructions only cover applying for telephone service.

Please use Internet Explorer or Safari throughout this process. The online application process may not work correctly with other browsers.

Go to <http://sl.universalservice.org>.
Click on Create Form 470.



Enter your Entity Number and click Next if you know it. Or, search by your Zip Code, select the Entity Number for your library, and click Next.

Enter Zip Code or Entity Number and Click Next:

Zip Code:

OR

Entity Number:

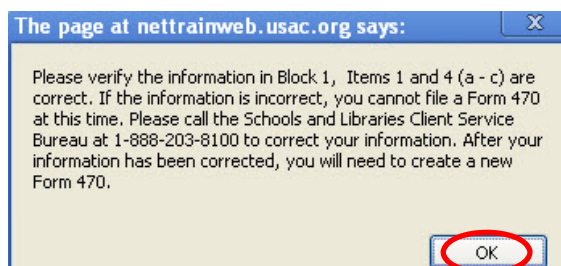
<< Previous **Next >>**

Confirm the name and street address are correct, then click Next.

Entity Number	Name	Street Address
145909	APPLICANT	2000 L STREET NW,SUITE 200

<< Previous **Next >>**

A pop-up will appear. Click OK.



Type in a form identifier of your choice.

We recommend 470 and the four-digit year, separated by a dash.

Applicant's Form Identifier:

(Create your own code to identify THIS Form 470)

470-2013

Block 1, #2: select the current funding year from the drop-down menu.

Block 1, #5a: select Library.

Block 1, #5b: check Public.

Block 1, #5c: type 1 into the text box.

Block 1, #6a: type your name into the text box, then click "Copy 4a-c above to 6b-d below".

Block 1, #6e: click on the small circle next to 6e. Type your email address into the text box. Re-enter your email address into the text box immediately below.

Click Next.

Print this page or write down the Form 470 Application #, then click Next.

Block 1: Applicant Address and Identifications

1. Name of Applicant (30 characters max.)
APPLICANT

2. Funding Year: FY 2013: July 01, 2013 through June 30, 2014

3a. Your Entity Number (up to 10 digits)
145909

4a. Applicant's Street Address, P.O. Box, or Route Number
2000 L STREET NW
SUITE 200

City: WASHINGTON State: DC Zip Code: 20036 - 4924

b. Telephone number: (202) 776 - 0200 ext. c. Fax number: (202) 776 - 0080

5a. Type Of Applicant

☐ Individual School (individual public or non-public school)

☐ School District (LEA; public or non-public [e.g., diocese] local district representing multiple schools)

☒ Library (including library system, library outlet/branch, or library consortium as defined under LSTA)

☐ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)

☐ Statewide application for (enter 2-letter state code) [dropdown]

representing (check all that apply)

☐ All public schools/districts in the state

☐ All non-public schools in the state

☐ All libraries in the state

5b. Recipient(s) of Services – Please check all boxes that apply to any recipients of service on this Form 470.

☐ Private ☐ Charter ☐ Head Start

☒ Public ☐ Tribal ☐ State Agency

5c. Number of Eligible Entities for which services are sought 1

6a. Contact Person's Name: Test Subject

Copy 4a-c above to 6b-d below

First, if the Contact Person's Street Address is the same as in Item 4 above, check this box. ☐ If not, please complete the entries for the Street Address below.

6b. Street Address, P.O. Box, or Route Number
2000 L STREET NW
SUITE 200

City: WASHINGTON State: ME Zip Code: 20036 - 4924

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c. Telephone Number (202) 776 - 0200 ext. ☐ 6d. Fax Number (202) 776 - 0080

☒ 6e. Email Address: test123@maine.gov

Re-enter Email Address: test123@maine.gov

7. Consultant Information

Consultant Registration Number: Search

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

FCC Form 470
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Entity Number: 145909 Applicant's Form Identifier: 470-2013
Contact Person: Test Subject Phone Number: (202) 776-0200

Please Record This Form 470 Application Number For Future Reference:
This Number Must Be Used To Complete Your Application,
If You Leave This Process Before The Application Is Completed.

Form 470 Application# 330860001046507

Next >>

Click Next.

October 2010

Navigation buttons: << Previous, Reset, Next >> (highlighted with a red circle)

Check the “Telecommunications Service” box, then click Next.

What kinds of service are you seeking on this Form 470? Please select all that apply. For help, you may refer to the Eligible Services List at <http://www.usac.org/s/tools/eligible-services-list.aspx> for examples.

☒ Telecommunications Service
☐ Internet Access
☐ Internal Connections
☐ Basic Maintenance of Internal Connections

Block 2

Next >>

Type your library’s Entity Number into the text box, then click Search.

Please click on the Help button for specific instructions about completing this page

Zip Code: OR Entity Number: Search

Please select at least one Billed Entity. You may do multiple searches to add all eligible billed entities on this application.

Selection List		Billed Entity(ies)
select from list... APPLICANT	Add All >> Add > < Remove << Remove All	select from list...

Click on your library’s name in the column named “Selection List” so that it is highlighted, then click “Add” to move it to the “Billed Entity” column.

Click Next.

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Entity Number	Entity
145909	APPLICANT

Click Next again.

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Check boxes 16b, the second box under 17, and 18 through 24.

Block 5: Certification and Signature

16. I certify that the applicant includes: (Check one or both.)

a. ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).

17. ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of service.

☒ I certify that no technology plan is required by Commission rules.

18. ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals.

19. ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

20. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission’s rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

21. ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs.

22. ☒ I certify that I am authorized to procure eligible services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

23. ☒ I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

24. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

Complete 27a through 27g with your name; your title (do not check the box under 27b); the mailing address, telephone and fax number of the library (use the phone number again if no fax); your email (re-enter email in the second text box under 27f); and the library's complete name.

Click Next.

Click Print Preview to review the form in its entirety.

If there are no mistakes, print a copy of the form for your records, then close the preview window.

Click Submit.

You must now certify the application.

If you have a PIN, click Electronic Certification.

If you do not have a PIN, click Paper Certification.

27a. Printed name of authorized person: Test Subject

27b. Title or position of authorized person: Director
☐ Check here if the consultant in Item 7 is the Authorized Person.

27c. Street Address, P.O. Box, or Route Number: 2000 L STREET NW
SUITE 200
City: Washington State: ME Zip Code: 20036 - 4924

27d. Telephone number of authorized person: (202) 776 - 0200 Ext.

27e. Fax number of authorized person: (202) 776 - 0080

27f. E-mail address of authorized person: test123@maine.gov
Re-enter E-mail Address: test123@maine.gov

27g. Name of authorized person's employer: APPLICANT LIBRARY NAME

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1. Use the "Print Preview" button to review the information on your form. If you need to make corrections, close the Print Preview window and then click the "Previous" button to return to the appropriate entry screen and make your corrections.
2. When you are ready to submit your form, return to this page and print a copy of the form for your records. Then click the "Submit" button.
3. **WHEN YOU CLICK "SUBMIT", YOUR FORM 470 IS POSTED TO THE USAC WEBSITE. Your 28-day waiting period does not start until you click the "Submit" button.**
4. [After you have submitted your form, follow the instruction to certify it](#)
 - If you have a PIN, click "Electronic Certification" to certify your form online.
 - If you do not have a PIN, click "Paper Certification" to certify your form on paper.

<< Previous Submit Print Preview

Please choose one of the following options to continue certification:

Form 470 Application#: 330860001046507

This is the final step in completing your Form 470. You may sign this document either electronically through the use of a PIN, or you may print out a certification page, sign it, and then mail it to the address listed below.

For Electronic Certification, click the Electronic Certification button and you will view the electronic certification screen of Block 5. On this page you will enter the User ID that you created when requesting your PIN from the SLD, and your SLD PIN. If you do not have a PIN, you can request one using the "Request a PIN" button. If you have applied for a PIN but have not yet received one and want to E-Cert later, you can close out and come back later using Certify Complete from the Main Menu.

Electronic Certification

Paper Certification - After clicking the "Paper Certification" button, you will view the final screen of Block 5.

- (1) Use Paper Certification ONLY if you are not Electronically Certifying your 470.
- (2) **Print out (using your browser), sign, and send in this Block 5 certification page.** When you print Block 5 using your browser, the form will automatically include your Form 470 Application Number, Applicant Name, and Applicant Address. Item (25) must be signed by the person who will certify to the accuracy of the information on the form. Mail the signed Block 5 to:

SLD - Form 470
P.O.Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms
ATTN: SLD Form 470
3833 Greenway Drive
Lawrence, KS 66046

Paper Certification

For an electronic certification, enter your PIN into #25.

Check the box named "Please Check to affirm your compliance".

Click Done at the bottom of the page.

A pop-up will appear. Click OK.

A Cert ID will appear where the PIN was entered. Print a copy of this page for your records, then click Done at the bottom of the page.

You have now completed the Form 470!

25. PIN:	26. Date 10/29/2012
27a. Printed name of authorized person Test Subject	
27b. Title or position of authorized person Director	
<input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.	
27c. Street Address, P.O. Box, Route Number, City, State, Zip Code 2000 L STREET NW SUITE 200 City: Washington State: ME Zip Code: 20036 4924	
27d. Telephone number of Authorized Person: (202) 776-0200	
27e. Fax Number of Authorized Person: (202) 776-0080	
27f. E-mail Address of Authorized Person: test123@maine.gov	
Re-enter E-mail Address	
27g. Name of Authorized Person's Employer: APPLICANT LIBRARY NAME	
ATTENTION: If you are signing Form 470 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.	
Please Check to affirm your compliance <input checked="" type="checkbox"/>	

The page at nettrainweb.usac.org says:	
The form has been successfully certified. Your cert ID is: 1039139 . Please print this page for your records.	
OK	

25. Cert ID = 1039139	26. Date 10/29/2012
27a. Printed name of authorized person Test Subject	
27b. Title or position of authorized person Director	
<input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.	
27c. Street Address, P.O. Box, Route Number, City, State, Zip Code 2000 L STREET NW SUITE 200 City: Washington State: ME Zip Code: 20036 4924	
27d. Telephone number of Authorized Person: (202) 776-0200	
27e. Fax Number of Authorized Person: (202) 776-0080	
27f. E-mail Address of Authorized Person: test123@maine.gov	
Re-enter E-mail Address	
27g. Name of Authorized Person's Employer: APPLICANT LIBRARY NAME	

For a paper certification, print off the certification pages.

Sign your name in pen at #25, and the date at #26, then photocopy all pages and keep the photocopy for your library's records.

Send the certification pages (with the ink signature) by mail to the listed address.

You have now completed the Form 470!

25. Signature of authorized person _____	26. Date _____
27a. Printed name of authorized person Test Subject	
27b. Title or position of authorized person Director	
<input type="checkbox"/> Check here if the consultant in Item 7 is the Authorized Person.	
27c. Street Address, P.O. Box, Route Number, City, State, Zip Code 2000 L STREET NW SUITE 200 Washington, ME 20036	
27d. Telephone Number of Authorized Person (202) 776-0200	
27e. Fax Number of Authorized Person (202) 776-0080	
27f. E-mail Address of Authorized Person test123@maine.gov	
27g. Name of Authorized Person's Employer APPLICANT LIBRARY NAME	

Please submit this form to:

**SLD-Form 470
P.O. Box 7026
Lawrence, Kansas 66044-7026
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 470
3833 Greenway Drive
Lawrence, Kansas 66046
1-888-203-8100**